

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-018879

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 63-58Primary Registration District No. 370Registrar's No. 105

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY

Wayne

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St Francois TownshipLength of stay in 1b
10 Yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION HomeInside Limits
Yes ☐ No ☒c. CITY
OR TOWN Greenvilled. STREET
ADDRESS Star Routea. STATE Mob. COUNTY WayneInside Limits
Yes ☐ No ☒Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First PearlMiddle MarionLast Tipton4. DATE
OF DEATHMonth April Day 19 Year 1963

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-22-92

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months 4 Days 23

IF UNDER 24 HR

Hours Min. 10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Retired Steelworker

10b. KIND OF BUSINESS OR INDUSTRY

Wayne Co. Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Richard Tipton

13b. MOTHER'S MAIDEN NAME

Mary Leach

14. NAME OF HUSBAND OR WIFE

Mollie Eads Tipton15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)No

16. SOCIAL SECURITY NO.

40

17. INFORMANT

Mrs Mollie Tipton

Address

Greenville Mo.18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Natural CauseINTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

It had been over 1 yr

DUE TO (c)

since he saw a DoctorPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour Month, Day, Year
a.m. p.m. 20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2:30 to P. and last saw her alive on
Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

4-21-63

23c. NAME OF CEMETERY OR CREMATORY

Bounds Creek

23d. LOCATION (City, town, or county)

Silva

(State)

170.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

William Locher Piedmont Mo. 4-24-63Hretta M. Ward

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/591 11602 1160

3

4 05 1

6

7 08 097954

10

11

12 90-913 2-0

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Coder Funeral Home, Student Embalmer No. _____,
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.